Male Batterer Intervention Programs:
Assessing and Improving Effectiveness from an Adlerian Perspective

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Abstract

There is currently a debate among scholars who evaluate batterer intervention programs about the effectiveness of such programs. While some researchers claim batterer intervention programs have little impact on the incidence of future intimate partner violence, others believe that they do have a positive effect when implemented and measured correctly. This paper explores the debate through an Adlerian lens. In addition, a recommendation is presented for how Individual Psychology can be incorporated into working with perpetrators of domestic violence to prevent further abusive behavior. Finally, based on research findings, suggestions are made for structuring and implementing batterer intervention programs to increase their effectiveness.
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Male Batterer Intervention Programs:
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Introduction

According to the Department of Justice, approximately 25% of women and 7.6% of men are physically assaulted by an intimate partner annually in the United States (Tjaden & Thoennes 2000). Although both men and women are victims of domestic abuse, the frequency and severity of the problem is greatest for women. Between 1998 and 2002, the most recent data available, 84% of spouse abuse victims and 86% of dating partner abuse victims were female. Women are seven to fourteen times more likely than men to have been beaten, choked, or assaulted with a weapon, and women are more likely than men to require medical attention as a result of abuse (Arias, Dankwort, Douglas, Dutton & Stein, 2002). Each year, 1,232 women are killed by an intimate partner, and domestic violence is the leading cause of injury to women (Durose et al., 2005).

These sobering statistics have lead to a growing number of men brought to court on charges of domestic violence. While there are many types of domestic abuse, including emotional, financial and psychological, the scope of this paper is focused on physical abuse. Also, as stated above, although women, too, perpetuate violence against their male partners, because the vast majority of intimate partner abuse is committed by males toward female victims, because women do not inflict as much injury as men do, and because women’s violence is often retaliation or self-defense (Straus, 1980; Saunders, 1986, as cited in Straus & Gelles, 1986), this paper is focused on male batterers and the programs that treat them.
Factors Impacting Domestic Violence

Many studies have been conducted to determine the root causes of domestic violence. While there remains some scholarly debate about the relative importance various elements play in partner abuse, there are several factors which have been shown to be significant contributors to violence in most research on the subject. Those factors are discussed below.

Male Dominated Culture

The feminist perspective is described by Dobash and Dobash as attributing the cause of domestic violence to the existence of patriarchy as a dominant construct within society (as cited by Bowen & Gilchrist, 2004). Others support this perspective, pointing to a long history of patriarchy dating back to the middle ages when women were burned at the stake for offenses such as nagging and miscarrying, even though the miscarriage was caused by a kick or a blow from the woman’s husband (Davis, 1971, as cited by Straus and Gelles). Indeed, the expression “rule of thumb” is based on the English judge Sir William Blackstone’s 1768 common law that a husband had the right to “physically chastise” an errant wife, provided the stick was no bigger than his thumb. An appellate judge in North Carolina upheld this rule as recently as 1867 (Straus & Gelles, 1986).

While views on gender equality have changed dramatically since then, our society remains patriarchal in many respects. To understand the roots of today’s domestic violence, it is important to consider the persistent legal, economic and physical power inequalities between men and women. Many scholars, including Dutton and McHugh Frieze, & Browne, have suggested that violence is used as a tool to control women and preserve the status quo of male dominance and female subordination (as cited in Koss et al., 1994).
In a socio-cultural context, there is evidence that male-dominant societies have a generally high acceptance of violence. From an Adlerian perspective, this suggests that societies with a lower level of Adler’s concept of social interest exhibit more domestic violence. Adler used the term social interest (Gemeinschaftsgefühl, in his native German) to describe a social feeling reflecting the fact that we are socially embedded and function best when we demonstrate positive social or community adjustment (Ansbacher & Ansbacher, 1956, p. 201.)

The negative correlation between social interest and domestic violence is evidenced in research by Baron & Strauss and Jaffee & Strauss which found that higher rape rates are associated with a state’s greater poverty, higher divorce rates and more lax gun control (as cited in Koss et al., 1994).

Adler’s concept of masculine protest is also relevant to domestic abuse. Adler described the masculine protest as the striving to be strong and powerful in compensation for feeling unmanly, and for a feeling of inferiority (Ansbacher & Ansbacher, 1956, p. 45). Masculine protest, then, is evident in the observation that the traditional masculine gender role in our culture provides more status and power to men than women, and, in the case of domestic abuse, provides them with the perceived privilege of dominating women. Based on the findings of several researchers (Crossman, Stith, & Bender, 1990; Fromuth, Burkhart, & Jones, 1991; Gold, Fultz, Burke, Prisco, & Willett, 1992; Lisak & Ivan, 1995; Lisak & Roth, 1988; Lisak and Roth, 1990; Malamuth, Sockloskie, Koss & Tanaka, 1991; Mosher & Anderson, 1986; Rapaport & Burkhart, 1984; Stith & Farley, 1993) Lisak, Hopper, and Song (1996) articulate this dynamic, summarizing that:
Research has implicated certain behavioral and attitudinal legacies of the masculine gender socialization process as part of the motivational substructure of violence against women. (p. 723)

The concept of sexual scripts in our society is used by Koss et al. (1994) to help answer the question of why violence occurs in intimate partner relationships. These scripts assign different roles and behaviors to men and women and guide their interactions. Our culture’s scripts eroticize sexual inequality and support male dominance as normal and natural (Bern, 1993 as cited in Koss et al.) These sexual scripts contain an intrinsic tension between men and women and create the opportunity for miscommunication that can lead to sexual coercion, rape and battering (Koss et al.)

Trauma

Trauma is another factor that is frequently found to correlate with domestic abuse. Childhood abuse and/or neglect play an important role in the development of the propensity for males to batter. Men who grow up in abusive homes are more likely to be physically abusive. According to a study conducted by Lisak et al. (1996) most perpetrators were abused (70 %.) On the other hand, it should be noted that most men who were abused are not perpetrators (38 % of abused men become perpetrators of intimate partner violence.)

The role that trauma plays in the development of an abusive personality is seen in results from the Propensity for Abusiveness Scale (PAS). Specifically, this instrument has been shown to correlate with both physical and psychological abuse. Research indicates that the most significant factor in the PAS for predicting abuse is negative parental treatment toward the subject, especially from the father (Clift, Thomas & Dutton, 2005).
The clinical profile of intimately abusive adult men is similar to those of trauma victims (Dutton; Corry 1992). For instance, Dutton (2000) found that abusive men often have profiles correlating to post traumatic stress disorder on the Millon Clinical Multiaxial Inventory - II (MCMI-II.) Their PTSD is likely to have been caused by early assaults on their developing sense of self, through parental shaming, insecure attachment and physical abuse.

From an Adlerian perspective, the experience of early trauma is likely to impact the beliefs a person forms about himself, others, and the world. For instance, research on children shows the negative influence of early trauma on social interest. In a study conducted by Dodge, Bates & Petit, abused children were less able than non abused children to attend to relevant social cues. Abused children also tended to attribute hostile intent to others, were less able to generate competent solutions to social problems, and committed more acts of interpersonal aggression (as cited by Lisak et al, 1996.)

Trauma, when combined with the emotional constriction of male gender socialization, creates an even greater likelihood for abusive behavior. Lisak et al. describe this combination as leading to a sort of empathy deficit which is associated with interpersonal aggression (1996). Specifically, when boys are taught through socialization to “neutralize” their emotions, intense conflict can result as an effort to deny emotions interacts with the trauma of abuse. This, in turn, leads to a rigid adherence to masculine gender norms and an accentuated reliance on anger, the emotion which is most sanctioned by male gender norms (Mosher & Tomkins, 1988 as cited by Lisak).

In Adlerian parlance, this dynamic is a clear manifestation of the masculine protest. Perpetrators of domestic violence can be viewed as manifesting masculine protest in the extreme, with the result that the perpetrator seals himself off from his own pain. He loses his capacity to
feel the pain of others as well, thereby diminishing a crucial inhibition against interpersonal violence. (Lisak, et al, 1996.)

**Attachment Disorders**

Related to trauma, another apparent contributor to battering behavior is attachment disorders. As Bowlby articulated in his attachment theory, an individual needs to form a secure attachment to a primary caregiver in early childhood (as cited by Kesner, Julian & McKenry, 1997). Those who do not form such an attachment are likely to expect future relationships to not meet their attachment needs. When stress levels are high, attachment issues may trigger violent behavior in these individuals. In other words, as Kesner et al. hypothesized, an individual with an insecure attachment history may not have the usual coping mechanisms that a secure individual would have.

According to Adlerian (and attachment) theory, the sense of self develops early in life. If caring relationships are not formed in early childhood, the child may develop the mistaken belief that they are unworthy of love and, as a result, have lasting feelings of inferiority. In fact, research has shown that violence in males was related to a perceived deficiency in love and caring from their mother while growing up, lower self-esteem, and a perception of less relationship support and autonomy (Kesner et al, 1997.)

**Chemical Abuse**

Research has shown a correlation between substance abuse and intimate partner violence (Tilley & Brackley, 2005). Substance abuse can be related to violent behavior in various ways. For many, it plays a role in increasing the severity of other problems that contribute to violence, including unemployment and financial problems. In addition, alcohol and drug abuse are often used to avoid other problems in the abuser’s life. Finally, intoxication is
frequently given as an excuse for losing control and behaving violently. In working with male batterers, it is important to point out that, even when intoxicated, most men do not behave violently toward their partners. Therefore, the substance abuse serves to lessen inhibitions to violent behavior, but can not be considered a root cause.

The Battering Personality

Demographically, there is no “typical batterer.” Perpetrators of intimate partner violence represent all backgrounds, races, religions and walks of life. Men in batterer intervention programs do have some demographic skews, however: most are under 35, are blue collar workers, have alcoholic tendencies and have been mandated by the courts for treatment (Gondolf & Wernik, 2008).

While battering behavior crosses all races and socioeconomic strata, research on the personality profiles of batterers has consistently identified several characteristics common to many male perpetrators of domestic violence. These men tend to have a competitive, conflict oriented style, have a need to control and dominate, and are often impulsive (Bersani, Chen, Pendleton & Denton, 1992). They also exhibit more gender rigidity and emotional constriction than non abusers (Corry, 1992; Lisak et al., 1996).

Specific behaviors with regard to their intimate partner violence include (Corry, 1992; Tilly & Brackley, 2005):

- Deny, justify or minimize the violence and its effects
- Show extreme jealousy and possessiveness, leading to isolation for the victim
- Refuse to take responsibility – blaming it on victim’s behavior or drugs, alcohol, stress, etc.
- Have rigid, traditional views of sex roles or negative attitudes toward women
• Objectify women
• Had childhood exposure to and/or experience with violence
• Have ineffective anger management
• Have ineffective conflict resolution
• Have frequent financial issues
• View violence as a private problem

In addition to these behaviors and views, male perpetrators of intimate partner abuse also have some common symptoms that are consistent with the experience of trauma. These include:

• Does not allow himself to feel normal emotional reactions – may be numb or overly sensitive
• Shuts others out when discussing aspects of his behavior
• Experiences amnesia for some behaviors or tries to justify his actions
• Has wide mood swings, often sudden
• Socially isolated (Has feelings of detachment from society and personal relationships)
• Is easily startled and may have sleep disturbances
• Always tries to protect his vulnerability
• Has trouble concentrating and is irritable

Finally, added to the PTSD profile characteristics many batterers exhibit, research has shown that men in batterer intervention programs have a preponderance of narcissistic and antisocial tendencies based on MCMI – II profiles (Gondolf, 2007.)

Pattern of Abuse

The typical pattern of abuse in intimate partner violence is well documented. The pattern is a three-phase, repetitive cycle. In the first, “tension building” phase, the man experiences
disproportionate arousal and anger, and his tension accumulates. In this phase, the woman typically goes into a survival mode in an attempt to avoid the inevitable battering incident. This is followed by the second, explosive, phase, in which the battering incident occurs. The third phase is the “calm, loving respite” in which the batterer may express contrition or externalize blame for his actions (Dutton, 2007). Often within this cycle, the man exhibits high levels of masked dependency and emotional isolation leading to extreme jealousy (Ganely, 1989; Sonkin, 1987; Walker, 1979 as cited by Dutton, 2000).

Types of Programs

Upon arrest for domestic abuse, most United States jurisdictions mandate some form of intervention program. The majority of batterer intervention programs use a cognitive behavioral approach in a group setting (Bowen & Gilchrist, 2004). The most common of these is the Duluth model, which is a gender based cognitive behavioral program. First implemented in Duluth, Minnesota in 1980, it was designed for counseling and educating men who are arrested for domestic violence and mandated by the courts to participate in a domestic violence program. Currently, it is the most widely used intervention model across the country (Domestic Abuse Intervention Programs, 2009).

The theory behind the Duluth model is that, since we are cultural beings, we need to address the cultural messages that influence battering behavior and “unlearn” those messages. The model’s curriculum exposes behaviors associated with abuse and violence using a power and control wheel construct (see appendix) which examines male offenders’ patriarchal attitudes that condone domestic violence and subordinate women (Mederos, 1999 as cited in Bowen & Gilchrist, 2004). The power and control wheel illustrates the tactics abusers use to control their partners. The Duluth model program uses education and group discussion to challenge men’s
denial or minimization of their abusive behavior. This includes taking responsibility for their actions and learning empathy for their victims. It teaches them skills to avoid abusive and violent behavior, and promotes cognitive restructuring of attitudes and beliefs that reinforce that behavior.

The Duluth model is embedded in a larger system of intervention including arrests for domestic violence, sanctions against non-compliance to court orders, support and safety planning for victims, and referrals to other agencies with collaborative approaches (Bowen & Gilchrist, 2004). It is important that the interfaces between these stakeholder agencies are strong and functional.

Alternatives to the Duluth model include Emerge and AMEND (Abusive Men Exploring New Directions). These programs are also cognitive behavioral models and view battering as a result of errors in thinking (or in Adlerian language, mistaken beliefs). In particular, they work with men to help them stop minimizing and denying violent behavior. They also focus on skills training and anger management.

One alternative model, the Men Stopping Violence intervention program leverages communities to influence policy and to garner involvement with the batterer from community members. A key element of the program is that halfway through, the batterer must bring in members of his community to witness his work in the program and share it with the community (Arias et al, 2002).

Another model for working with male batterers is based on the premise that battering has many causes and that addressing it should include comprehensive assessment of the batterer. Supporters of this approach argue that the Duluth model is not long-term enough to be effective (U.S. Department of Justice).
A relatively new approach to batterer intervention calls for classifying batterers according to their psychological profile, level of risk, and substance abuse. This classification information is used to identify which type of intervention program is most likely to work for that individual. This philosophical approach will be discussed in more detail later in this paper.

A more controversial approach to domestic abuse has been put forth by family systems theorists. This view doesn’t attribute blame to the male partner, but rather regards problem behaviors as a manifestation of a dysfunctional family unit, with each family member contributing to the problem (Cunningham et al, 1998; Healey et al 1998 as cited in Bowen & Gilchrist, 2004).

Assessing the Effectiveness of Batterer Intervention Programs

Given the magnitude of the problem of domestic abuse, and the resources that are dedicated to fund batterer intervention programs (BIPs), a key question for communities, victims, and perpetrators is whether or not these programs work. This question has been debated and is most clearly articulated in a series of articles and rebuttals written by Dutton & Corvo (2007) expressing one side of the argument, and Gondolf (2007) expressing another.

The Debate

Scholars and researchers have addressed the debate about the effectiveness of batterer intervention programs and are represented by three basic positions. One position is that batterer programs don’t work or are only weakly effective. A second position is that batterer programs need to be improved by doing a better job of preparing, orienting, and motivating men to take advantage of counseling. Many in this camp believe that batterers should be segmented by screening them for alcohol or psychological problems and assigning them to a program based on the results of their assessment screening. They also view batterer programs not as a cure for
abusive behavior, but as an important reinforcement to a coordinated community response. The third position is that batterer intervention programs are generally successful, but that evaluations of the programs are often flawed, leading to overly negative effectiveness results (Gondolf, 2001).

One of the criticisms leveled by those who see batterer intervention programs as ineffective is that, in addition to not being successful in changing battering behavior, they provide false hope for victims and an easy out for perpetrators (Gondolf, 2001). Critics of the Duluth model include Dutton and Corvo, who assert that it is “based on oversimplified assumptions and is devoid of research support” (2007). They contend that women are as violent as men, and there is no “male privilege” or male “power and control.”

Dutton & Corvo (2007) believe that the Duluth Model is not therapeutic because it shames clients. Corvo (2003) even believes that the model vilifies perpetrators. Dutton and Corvo argue that the focus on gender issues leads to ignoring the psychology behind abusive personalities (2007).

In response to this criticism, Gondolf (2007) has written that Dutton and Corvo’s gender-neutral findings of domestic violence perpetration have been questioned by other researchers and that they fail to note U.S. Department of Justice data that shows women are six times more likely to be victims than men (Gondolf, 2007). He further responds that the Duluth Model has established some fundamentals for batterer intervention that have research and practice support. These include the fact that the model’s assumption of gender-based violence as a primary concern is supported by government victimization research showing that women are much more likely to be victims than men (and that when women are arrested, it usually due to an act of self defense.)
Gondolf (2007) also asserts that there is criminological research to support the cognitive behavioral approach underlying the Duluth model. In reply to Dutton and Corvo’s criticism that the Duluth model is shaming to men, Gondolf says that it is important to confront perpetrators in order to counter their denial and minimization of the violence and that, when done by an experienced counselor, it is not shaming (Gondolf, 2008).

Dutton and Corvo highlight the need for evidenced based evaluations of batterer intervention programs (2007). Gondolf, on the other hand, points out that experimental designs have problems, and that there are several fundamental difficulties encountered in measuring program effectiveness (Gondolf, 2008). Perhaps more fundamentally, he explains that research often does not address the experiences and complexities of the practice world.

Given this ongoing and, to date, unresolved debate, moving forward, it seems clear that future research needs be more complex and evidence based. This may include more extensive observations, in-depth interviews, and long term analyses to evaluate programs.

**Limitations of Research and Evaluation**

Although the body of research on the effectiveness of batterer intervention programs is growing, as illustrated above, there is still considerable debate on the topic. In evaluating the research, it is important to consider the limitations to conducting research in this field. While it is not possible to avoid all of the limitations, it is essential for consumers of research to be aware of them and for researchers to try to address some of them.

*Sample and data collection problems.* One such limitation is the validity of information collected from both victims and perpetrators. For instance, these individuals may be reluctant to provide full information on battering behavior, or there may be a language barrier that prevents them from doing so (Gondolf & Wernik, 2008; Berk, 2005). Another limitation with conducting
research relates to sample integrity. Specifically, response rates are often low, which makes the sample less representative of the population being measured. A related problem is attrition – many drop out of the programs before completion, again skewing the research sample. When men switch partners it may be difficult to get relevant feedback from their new partner. Similarly, victims may relocate or become difficult to find.

*Experimental design problems.* While in theory, experimental designs are the optimal method for measuring treatment programs, in reality, they are difficult to implement. For instance, keeping assignments to batterer programs truly random is a challenge. In order to protect victims, judges often override the random assignment of batterers to a control group (Department of Justice, 2005). Experimental designs don’t capture the reality that program drop outs may be sent to jail or enhanced programming. The design may assign men to a control or experimental group when the court may choose another option (Gondolf, 2001). Berk (2005) lays out the case for considering experimental designs the bronze, rather than the gold, standard. He notes that they have several flaws, including random variation in group composition, and subjects who know they are part of an experiment behaving differently than they otherwise would. Despite these limitations, experimental designs are still probably the best method of evaluating programs because of their face validity and the ease with which they can be analyzed and understood.

*Program implementation problems.* Another problem encountered in the evaluation of BIPs is that programs are often poorly implemented (e.g., men are not held accountable for completion) (Gondolf, 2001). If a program is not implemented correctly, research measuring program outcomes is flawed (Durlak & Dupre, 2008). Many factors influence how programs are implemented, including the individuals and communities involved, support systems and
innovations that might occur during the course of the research period. If researchers have not fully assessed how the programs were implemented and incorporated into their evaluations, the resulting findings will be “flawed and incomplete” (Durlak & Dupre).

Specifically, there are a lot of inconsistencies across agencies in screening, referral and follow up, with the result that batterers don’t get the mental health support they need and outcomes for batterer programs are less successful. Factors contributing to these inconsistencies include staff turnover, diverted funds, competing priorities and system overload (Gondolf, 2009). In summary as Bowen & Gilchrist note:

Evaluations that report small overall effect sizes for a large sample may be confounded by differences in treatment integrity and therapeutic environment at a treatment-group level (2004, p.228).

*Measurement limitations.* There are several limitations to batterer intervention treatment program evaluation related to constraints in measurement data and tools. Data sources may be inadequate, e.g., official records used to validate batterer and victim reports may be collected inconsistently across jurisdictions. They also only capture violations that reach the authorities (Department of Justice, 2003). Many other violations go unreported, and therefore, are not measured.

Batterers drop out at high rates and research data does not capture drop outs. These individuals are typically higher risk than treatment completers. They are younger, have more extensive criminal histories, higher levels of lifestyle instability factors such as substance abuse and job instability (Bowen & Gilchrist, 2004). They are more likely to have antisocial personality traits as well (Holtzworth-Munroe & Stuart, 1994 as cited in Bowen & Gilchrist).
There are also issues related to what variables should be measured when evaluating BIPs. For instance, most research measures re-assault behavior but batterers may switch from physical to psychological and verbal abuse in order to avoid re-arrest (U.S. Department of Justice, 2005). Furthermore, recidivism data alone does not capture the mechanisms of change within the program and the resultant impact on behavior. Research should therefore look at how symptoms, like anger, have changed as well (Bowen & Gilchrist, 2004).

Another limitation to measuring the effectiveness of batterer intervention programs is that survey instruments are imperfect. For instance, the National Institute of Justice study used Conflict Tactics Scale (CTS2) to measure two batterer intervention programs, but that scale was not designed for such a before and after measurement (Department of Justice, 2003). Likert scales are often used in batterer intervention program research but they can be subjective (for example, one respondent may describe a particular behavior as “very” when the same behavior may be rated as “extremely” by another respondent.)

Clinician’s ratings, another common evaluation tool, are also problematic – they have been shown to be only slightly able to predict re-assaults (Gondolf & Wernik, 2008). This suggests that perpetrators may be good at managing impressions and that clinicians needed more training in completing evaluations.

*Overview of Research Results*

Despite the limitations to research described above, it is instructive to review the work that has been done to date. While the overall effectiveness of batterer intervention programs is, as has been shown, open to debate, the research provides some useful information on strengths and weaknesses of current approaches and suggests important areas for improvement.
Findings from a National Institute of Justice study conducted in Brooklyn, New York and Broward County, Florida showed that batterer intervention programs (both used the Duluth model) do not change batterer’s attitudes and may have only minor effects on behavior (Department of Justice, 2003). A meta-analysis (Babcock, Green & Robie, 2004) yielded similar results, with the researchers concluding that batterer intervention programs have only a slight positive effect. Kazdin has pointed out, however, that these modest impacts may be unsurprising given that most clients are court ordered, rather than internally motivated to change (as cited by Gondolf, 2001).

In other research, more promising results have been found. Gondolf’s multi-site 4 year study of 854 men showed that 30 months after batterer program intake, 80% of the men had not been violent to their partners in the previous year, and at 48 months, 90% had not been violent in the previous year (Gondolf, 2000b; Gondolf, 2002; Gondolf, 2004 as cited in Gondolf, 2007). This may suggest that results are more positive when measured over a longer period of time. In a study of 30 urban batterer intervention programs, Bennett found that completing a batterer intervention program reduces the odds of re-arrest 39% to 61%, depending on whether or not those still attending programs were included in the modeling (2007.) He concluded that BIPs work best when efforts are made to engage and retain men in the program and when they function well within the larger system.

Several studies have identified factors which may improve the effectiveness of batterer intervention programs. Participation in programs appears to work better if the programs coordinate with courts and if they sort by types of abusers (Gamache, Edelson, & Shchock, as cited in Gondolf, 2007). A related finding from other research shows that program engagement
and responsiveness may be more important than attendance in program compliance (Contrino et al, as cited in Gondolf, 2008).

Other research has shown that program elements of discussion and respect are more effective in preventing re-assaults than avoidance techniques (e.g., time outs, self-talk, conflict resolution) (Contrino et al, as cited in Gondolf, 2008). This finding is consistent with Adlerian principles of social interest. Other research consistent with the Adlerian concept of social interest shows that, of four predictors associated with reduced violence, working alliance was the most significant (other, less significant predictors include group cohesion, session attendance and homework compliance) (Gondolf, 2008).

The National Institute of Justice report identified some participant characteristics that were associated with more positive program outcomes. In particular, those with the most to lose were least likely to reoffend (i.e., those who were employed or owned a house) (Department of Justice, 2003). From an Adlerian perspective, this finding has significance in suggesting that therapeutic results may be more positive when the client is focused on making the link between the occupation, as well as the love, tasks of life, and the consequences of his battering behavior.

Some research indicates that different personality profiles (borderline personality disorder, anti-social personality disorder) may benefit from different approaches to treatment (Gamache, Edelson, & Shchock, 1988 as cited in Gondolf, 2007). For instance, preliminary research suggests dependent personality profiles benefited from a psychodynamic approach and those with an antisocial personality benefited from the pro-feminist psycho-educational approach (Saunders, as cited in Bowen and Gilchrist, 2004).

In summary, research from various studies suggests the following areas for exploration as work continues on improving batterer intervention programs:
• Develop longer term programs

• Strengthen collaboration with other institutions that interface with batterers

• Classify perpetrators by personality profile and assign them to a program that best fits their style. For example:
  - Dependent personality - psychodynamic approach
  - Antisocial personality - psycho educational approach

• Facilitate the client’s ability to truly engage in the program

• Incorporate opportunities for discussion and respect

• Create a strong working alliance

• Generate an awareness of the cost of battering behavior

As will be shown in the next section, many of these areas for improvement can be addressed with the application of Adler’s Individual Psychology.

Application of Adlerian Therapy to Helping Male Batterers

Regardless of which point of view is held regarding the effectiveness of current batterer intervention approaches, most researchers agree that BIPs can, and should, be improved. Although there are flaws in much of the current body of research on BIPs, the research nonetheless provides guidance for ways in which they can be improved. This section explores those opportunities through an Adlerian lens.

A cornerstone of Adlerian therapy with abusive men is to address the psychological root of the problem. A description of how Adlerian techniques can be applied to working with these clients follows. The suggested approaches are based on findings from research on male batterers, and the programs designed to treat them. Recommendations are provided for each of
Adlerian therapy’s four phases of counseling: establishing relationship, psychological investigation, psychological disclosure, and re-education and re-orientation.

*Establishing Relationship*

The first stage of therapy in Individual Psychology is establishing a relationship characterized by mutual respect between the counselor and client. For some male batterers, a healthy, democratic relationship may be relatively unusual in their experience. In this phase of therapy, it is important to build a sense of rapport with the client. Although he should be made to feel understood, his beliefs must also be challenged when he rationalizes or minimizes abuse. Together, the therapist and client should agree to work on issues related to abusive behavior, addressing the problems that can be changed most easily first, in order to foster a sense of success, confidence and optimism about the possibility of making bigger, more significant changes. Early success may also instill in the client a greater sense of motivation to change his abusive behavior.

The Adlerian concept of providing the client with encouragement is important at this phase and continues into the subsequent stages of Adlerian therapy as well. Given the difficult childhoods and lives many abusers have experienced, it is not surprising that they are often discouraged and devoid of hope for the possibility of changing their behavior. It is likely that some will not have experienced much true encouragement in their lives. Their abnormal emotional reactions, tendency to shut others out, and feelings of detachment are typically masking very low self esteem. They have a strong desire to protect their vulnerability, which underscores the need for therapists to work to inspire a sense of hope and encourage disclosure in group (Bowen and Gilchrist, 2004).
Psychological Investigation

Assessment of the client's goals and how they affect his movement are uncovered in the psychological investigation phase of Adlerian therapy. There are several Adlerian tools that can be applied to working with male perpetrators of domestic violence to uncover the mistaken beliefs many hold about themselves, men in general, women, and the world.

Lifestyle Analysis. Adler’s concept of Lifestyle refers to the underlying, unifying, goal-oriented dynamic upon which behavior, thought, and emotion, as well as attitudes, morals, and values are based. A Lifestyle includes self-concept, other-concept, world view, ethical convictions and methods of operating (Eckstein & Baruth as cited by Strauch, 2001). The causes of battering behavior may be revealed in the private logic, or unconscious reasons for thinking, feeling, and behaving, identified through Lifestyle analysis. It is likely that such an exploration would reveal any trauma that a client has experienced and the resulting mistaken beliefs formed early in childhood about themselves, others (especially men and women) and the world. There are likely to be large gaps between the way they believe they, and others, should be and the way things really are. In particular, they may view the world as an unsafe place and have a belief that they must exert power and control over others in order to remain safe themselves.

Often, these men will have experienced attachment issues with one or both parents and will have endured or witnessed violence as a young child. If they have seen their father physically abuse their mother, for example, they may have come to believe that their mother is too weak to provide them with security and protection, exacerbating attachment issues. Witnessing such a dynamic would also present the child with negative gender guiding lines for the way men and women behave and interact. In addition, this child would not have a sense of belonging within his family, which is his immediate social context. From an Adlerian view, this
represents a lack of social embeddedness, the primary factor in resilience (Strauch, 2001). In turn, when an individual does not have feelings of being socially embedded, they develop feelings of discouragement.

*Tasks of Life.* Applying the Adlerian framework of life tasks, men who behave abusively toward their intimate partners are, by definition, not functioning well in the love task of life. As evidenced by the characteristics of abusive men discussed previously, they are also often struggling in the other life tasks (community and work.) In general, early trauma results in notions of being unlovable, unworthy, an innocent victim, and immoral (Slavik, Carlson, and Sperry, 1995 as cited by Strauch, 2001).

*Masculine Protest.* Perhaps one of the most relevant Adlerian concepts likely to be revealed in lifestyle analysis of male batterers is the masculine protest. This concept, defined earlier in this paper, is consistent with many research findings on the personality traits of men who batter. When men hold strong views about male dominance and have suffered trauma, the result is often a tendency toward abusive behavior himself.

The gender-rigid, emotionally constricted individual is less likely to be able to tolerate approaching the negative emotional states evoked by trauma, and more likely to avoid them, either by using psychological defenses, or by converting them to aggressive action (Lisak et al., 1996).

Rigid adherence to gender roles may increase a reliance on anger as a culturally acceptable outlet for emotions, raising the likelihood of violent behavior.

An exacerbating phenomenon is that these individuals are often unable to respond empathically to others (i.e., their victims), which increases the likelihood of aggressive behavior (Miller & Eisenberg, 1988, as cited by Lisak et al., 1996).
In counseling abusive men, it is important to counter the masculine protest they are exhibiting and change their notion that female autonomy implies male loss of control (Dutton, 1988, as cited Koss et al., 1994). As therapy progresses, the Adlerian clinician can therapeutically challenge the mistaken beliefs that underlie this attitude.

*Inferiority Feelings.* Battering behavior, as has been noted, is driven by the perpetrator’s desire for power and control over his victim. From an Adlerian perspective, this is a manifestation of these individuals struggling with feelings of inferiority as they strive for significance on a vertical, rather than horizontal, plane. In describing those who have feelings of inferiority, Adler wrote:

> They speak a language which, if properly understood, always expresses the idea: here is an individual who is striving incessantly from the sphere of insecurity and the feeling of inferiority towards a godlike dominance over his environment, is struggling for his significance, is attempting to force it. (Ansbacher & Ansbacher, 1956, p. 244)

In conducting a Lifestyle analysis, the client’s inferiority feelings would become evident through early recollections, their family constellation and other discussions about the way they view themselves, others, and the way the world works. They may compensate for their insecurities and feelings of inferiority by attempting to exert power and control over others (their partners, in the case of domestic abuse.)

*Social Interest.* Developing social interest in perpetrators of domestic violence can play a key role in helping to change their attitudes and, ultimately, their battering behavior. Conclusions of several books by researchers exploring aggression and bullying suggest that our best intervention is to help boys and men recognize and counter the socialization and social pressures which contribute to aggression and violence (Gondolf, 2007). In therapy, this may be
accomplished, at least in part, by encouraging them to develop an interest in, understanding of, and empathy for others.

Social interest also plays a part in fostering a sense of group cohesion. Research has shown that group programs are more effective when there are feelings of acceptance and cohesion within the group (Corsinini & Rosenberg, 1955; Moos, 1994, as cited by Bowen & Gilchrist, 2004). Cohesiveness refers to feelings of acceptance and belonging experienced by group members. It is comparable to the Adlerian concept of therapeutic alliance in individual therapy.

In both individual and group therapy settings, counselors can work with clients to encourage a sense of belonging in their communities. An important element of this is to help them identify ways that they can engage and cooperate with their families and neighborhoods on the useful side of life.

Social interest is a relevant concept in dealing with domestic abuse on a more macro level as well. Specifically, there should be shared decision-making, including community participation and collaboration between law enforcement and agencies that work with perpetrators, to enhance the implementation of batterer intervention programs and increase the likelihood that effective programs will be sustained (Shediac-Rizollah & Bone as cited in Durlak & Dupre, 2008).

Applying social interest to an even broader perspective, it is important to recognize that batterers learn much about how to relate to women from their cultures (Arias et al., 2002). Socio-cultural, as well as psychological determinants, of violent acts need to be addressed through social change and education that encourage thinking on a more communal, rather than individual level (Koss et al, 1996).
Psychological Disclosure

Once psychological investigation and assessment have uncovered the client’s goals and mistaken beliefs, the process of psychological disclosure can begin. In this phase of therapy, the learning from the assessment phase is interpreted with the goal of generating insights that will enable the client to shift his values, thought patterns, and emotional regulation. This will include challenging and having clients reflect on their core assumptions about gender roles.

Addressing Trauma through Early Recollection Techniques. Adlerian therapy is a particularly good approach when it is revealed, through psychological investigation, that the client has experienced trauma. Many Adlerian therapists have developed Early Recollection techniques that may be used to help the client heal from early trauma. In theory, once this healing has taken place, the client will be better able to manage their emotions and stop their own abusive behavior.

One such approach, described by Lingg and Kottman, works to change mistaken beliefs through an active interpretation and visualization of early recollections (1991). In this technique, the counselor chooses an Early Recollection which symbolizes the mistaken belief the client needs to address. The client closes his eyes, visualizes the memory and describes it as it unfolds. He then visualizes himself as an adult comforting himself as a child and affirming his value and importance. The visualized adult self re-evaluates mistaken beliefs about how the boy could attain significance and belonging. Finally, the client is brought back to the present and considers more useful beliefs about having a sense of significance. The technique is most relevant for use with clients who are unable to make changes to particularly entrenched mistaken beliefs, a characteristic of most perpetrators of domestic abuse.
A related method for helping clients deal with disturbing memories is the Creating Context Technique (Wheeler, 1997). This is a ten step process based on the notion that clients can be witnesses to their own past experiences by understanding the larger context in which they occurred (e.g., their age, beliefs about the world at the time, and events that were happening in their lives at the time.) Through the Creating Context Technique, clients are helped to understand that they did the best they could in the given situation and are then able to view the memory in a larger context and realize that their behavior was not as bad as they thought.

Another approach using early memories is the Connexions Focusing Technique (Lew & Bettner, 1993). This model is an active approach to Early Recollections, built on Adlerian theory. It is an eight step holistic process that incorporates cognitive, physical, and emotional aspects of the client’s experiences. The steps include asking clients to make connections between tensions related to their current problem (abusive behavior in the case of male batterers) and an early memory when a similar physical sensation was experienced. The client describes the memory which is taped and played back phrase by phrase with feelings elicited at each phrase. Through interpretation of the memory, the clinician and client explore underlying beliefs.

Janoe and Janoe (as cited by Disque & Bitter, 2004) conceptualize the use of anger into components of both purpose and process. They view anger as two separate events – thinking generates a feeling which is then followed by behavior. In keeping with Adlerian theory, this theory asserts that anger has a purpose, which is to control or intimidate others (Disque & Bitter). A client’s belief that he has no control over his anger can be challenged by helping him to link his feelings of anger to bodily experiences and then to memories in which these sensations first occurred. By restoring awareness of emotion in relation to experience through Early Recollections, clients can fill in the missing links and gain more control over their anger. A
variation of this technique is to ask the client to return to a moment just before the traumatic recollection begins. The therapist helps them to notice their strengths and be more prepared for the trauma that is about to unfold. By then reprocessing the memory, most clients are able to find a new action within the memory, diminishing its traumatic impact and allowing the client to experience it differently.

*Guided Imagery.* As has been noted, many perpetrators of domestic violence have difficulty dealing with stress. An Adlerian perspective on guided visual imagery for stress and coping may be helpful for these clients. Kaufman (2007) describes such a technique, drawn from the General Adaptation Syndrome theory of physiological and psychological processes experienced by individuals who are dealing with chronic stress. Several research studies are cited which document the benefits of relaxation techniques in alleviating stress. The three key steps of the guided imagery -- focus, relaxation and suggestion -- are designed to be consistent with, and complimentary to, Adlerian theory by focusing on belongingness and reducing feelings of inferiority. This guided imagery approach is used to reeducate clients to adopt a more self reflective process for dealing with their stress. The result is that, in the case of those prone to abusive behavior under stress, the likelihood of an abusive incident is decreased.

*Reorientation and Reeducation*

In the fourth phase of Adlerian therapy with abusive men, the insights generated in the psychological investigation phase are used to create a treatment plan. The therapist and client work together to agree on goals that will facilitate the client’s movement to the useful, non-abusive side of life. The Adlerian therapist educates the client on problem solving techniques that involve alternatives to power and control tactics he has used in the past. The principles of non violent communication are taught. Both problem solving techniques and non violent
communication are practiced in therapy as well as given as “homework” to work on between sessions. The client is encouraged to have empathy for those to whom he has been abusive. This needs to be done in a non-shaming, empathetic way.

Other Opportunities for Improving Treatment

Beyond applying the tools and techniques of Adler’s Individual Psychology to treating intimate partner abusers, there are other important elements to consider in developing improved batterer intervention programs. These improvements include 1) pre-screening abusers to identify the most appropriate type of program for their personality profile, 2) incorporating the principles of the stages of change model (Prochaska et al. 1994) so that clients who aren’t yet motivated to change are helped to become ready to adjust their behavior, 3) implementing measures designed to minimize attrition from programs, and 4) monitoring clients for the risk of re-assault.

Pre-Treatment Screening for Classifying Types of Abusers. Some scholars are beginning to advocate for screening men prior to treatment in order to identify the type of program that would fit best with their psychological and behavioral profile. The underlying belief is that abusers vary in the causes and motivations for their behavior and that one type of program is unlikely to address the diversity they represent.

One example of this approach is described by Richard Stuart (2005), who suggests that, not only are there multiple factors that contribute to abusive behavior, the number and combination of factors is different for each man. A summary of this conceptualization is summarized in figure 2.
The combination of factors contributing to abuse should be assessed for each individual prior to treatment. The treatment approach should address that abuser’s set of contributing factors. Since it is not possible to develop programs for every combination of abuse factors, Stuart (2005) categorizes men into three main types of abusers based on five factors: 1) what stimulates their abuse, 2) the frequency of abuse, 3) their arousal level before and after abuse, 4) the dynamic leading up to the abusive incident, and 5) the intensity of the incident. Using these criteria, the resulting three categories of abusers and their characteristics are:

- **Predatory**
  - Calm before, aroused after abuse
  - Abuse is not related to their partner’s behavior
  - Experience satisfaction from inflicting suffering on others
• Often have borderline personality or antisocial personality disorders
  • Lack of empathy and remorse \(\rightarrow\) no motivation to change, untreatable

- Instrumental
  • Use aggression to achieve some desired outcome
  • Abuse is not planned, but neither is it driven by emotion
  • Narcissism may play a role in their goal of personal gain
  • Concern for others is less important than needs of self, treatment prospects are not high

- Affective
  • Often have attachment disorders but not major personality disorders
  • Abuse is impulsive, following an emotional build up leading to intense anger
  • Outbursts are followed by remorse
  • Treatment prospects are excellent

Two particularly important dimensions on which these groups differ are the motivation to change, and the severity of abuse. For instance, men who are in what Stuart (2005) calls the “instrumental” category are likely to need more encouragement to be motivated to change than those in the “affective” category, who already feel remorse for their behavior. Men in the “predatory” category often have anti-social or borderline personality disorders. They may therefore require long term individual therapy and medication before their abusive behavior can be addressed.

While an ideal treatment scenario might include screening prior to treatment, followed by placement in a group that is most tailored to the personality profile of the perpetrator, there are practical barriers which make such an approach difficult to implement. One hurdle is creating an
instrument which accurately evaluates the men by personality type. Another, perhaps larger, barrier is the limited resources most communities have, i.e., there may not be funding available to offer different types of programs for different abusers.

The construct outlined above suggests that, in order for treatment to be effective, there must be some degree of remorse or motivation for change. Prochaska, Norcross and DiClemente’s work on the stages of change provides support for the notion that real change does not occur unless and until the individual is motivated to change (1994). Most male perpetrators of domestic violence in batterer intervention programs are not there voluntarily, having been court ordered to attend. In Prochaska et al’s stages of change framework, these men are typically in the pre-contemplation, or at best, contemplation phase of change (Bowen & Gilchrist, 2004).

Based on the three main personality types of male batterers outlined in the previous section, men who fall into the predatory or instrumental categories are not yet ready or motivated for change. This presents a special challenge for therapists who work with these men. Before they can move their clients to change, they must help them move to the action stage of change. In this stage, the fourth of Prochaska et al’s stages, the individual has moved beyond the pre-contemplation, contemplation, and preparation stages. He now begins to modify his behavior and surroundings in support of the change he is seeking. His level of awareness, emotions and thoughts are also now altered and are conducive to manifest the desired change (1994).

As a practical matter, encouraging men to move from the pre-contemplation or contemplation stage to the action stage will require additional treatment time. This is consistent with the research finding that longer programs seem to be more effective than shorter ones.

Minimizing Attrition Rates. Attrition rates in male battering programs are notoriously high, ranging from 28% to 90% (DeHart et al., 1999; DeMaris, 1989; Faulkner et al., 1991 as...
cited by Rooney & Hanson, 2001). Those individuals who are most likely to drop out have the most instability factors in their lives. These factors include being young, unemployed, having a criminal history, substance abuse problems, and having frequently moved residences (Rooney & Hanson). The implication of this finding is that treatment programs should attend to these factors before and during treatment. For instance, those who have substance abuse issues should attend addiction programs prior to entering a program for battering behavior. Furthermore, batterer intervention programs should incorporate sensitivity to the instability in the men’s lives.

Research has also shown that there is a relationship between attrition rates and the fit of the program to the individual’s personality style. Rooney and Hanson (2001) showed that clients with low verbal skills dropped out of an unstructured treatment program at a much higher rate (60%) than dropped out of a structured treatment program (30%). This finding provides further support for the idea discussed above of pre-screening clients prior to treatment and assigning them to an approach and therapist that best meets their interpersonal and learning style.

**Risk Management**

Risk management plays an important part in both preventing boys and young men from becoming abusive and in monitoring men following treatment to prevent re-assault. In order to effectively implement both prevention and post-program monitoring, it is important that those who counsel these individuals partner and collaborate with criminal justice and others in the community who respond to domestic violence.

**Prevention.** Research has shown that, to an extent, intimate partner abusive behavior is predictable. The role of the communities is critical in preventing battering behavior. Community institutions should focus prevention efforts on men and boys who have risk factors
including the following, which appear in the Brief Spousal Assault Form for the Assessment of Risk (Kropp, 2008).

- History of violent acts
- Violent threats or thoughts
- Escalation
- Violation of court orders
- Violent attitudes
- General criminality
- Intimate relationship problems
- Employment problems
- Substance abuse problems
- Mental health problems

As discussed previously, other predictive factors include having witnessed parental violence, attachment issues and exhibiting a need for dominance. Boys and young men who have several of these risk factors should participate in school based or community programs to teach them about domestic violence and conflict resolution. Therapy could also be provided to address mistaken beliefs that may ultimately lead to intimate partner violence. Efforts should be made to increase public awareness about domestic abuse, its harmful impacts and services to address it.

Discussion

In recent decades, the significant social problem of domestic abuse has typically been addressed by ordering perpetrators to attend batterer intervention programs. Research on the effectiveness of these programs has been inconclusive. There is debate about whether or not the
programs reduce future intimate partner violence. However, regardless of whether or not they have been effective, there are currently no feasible alternatives for managing or treating those who perpetrate domestic violence. Therefore, efforts must be undertaken to enhance the outcomes of batterer intervention programs.

Research points to several areas for improvement that could make batterer intervention programs more effective. Adlerian therapy directly addresses many of these opportunities for improvement. Lifestyle analysis, a basic element of Adlerian therapy, is particularly relevant to working with most domestic abuse perpetrators, given its ability to quickly uncover many of the root causes of battering behavior such as inferiority feelings, flawed private logic, mistaken beliefs, and issues stemming from a masculine protest. Early Recollection techniques have been shown to be very effective in helping individuals heal from early trauma, a frequent contributor to abusive behavior as an adult.

Adlerian therapy’s overarching philosophy of encouragement and generating social interest is well suited for working with batterers as well. Going forward, as new approaches are designed and evaluated, Adlerian techniques should be incorporated into both individual and group therapy programs. Program improvements should also include the Adlerian philosophy of focusing on establishing respectful relationships, encouragement, and fostering social interest in abusers. Given the profiles of most abusers, such a relationship is likely to be both new and influential.
References


Figure I

Duluth Model Power and Control Wheel

- **Physical Violence**
  - Using Coercion and Threats: Making and/or carrying out threats to do something to hurt her, threatening to leave her, to commit suicide, to report her to welfare, making her drop charges, making her do illegal things.
  - Using Economic Abuse: Preventing her from getting or keeping a job, making her ask for money, giving her an allowance, taking her money, not letting her know about, or have access to family income.
  - Using Male Privilege: Treating her like a servant, making all the big decisions, acting like the “master of the castle,” being the one to define men’s and women’s roles.

- **Sexual Violence**
  - Using CHILDREN: Making her feel guilty about the children, using the children to relay messages, using violations to harass her, threatening to take the children away.
  - Using Intimidation: Making her afraid by using looks, actions, gestures, smashing things, destroying her property, abusing pets, displaying weapons.
  - Using Emotional Abuse: Putting her down, making her feel bad about herself, calling her names, making her think she’s crazy, playing mind games, humiliating her, making her feel guilty.
  - Using Isolation: Controlling what she does, who she sees and talks to, what she reads, where she goes, limiting her outside involvement, using jealousy to justify actions.
  - Minimizing, Denying, and Blaming: Making light of the abuse and not taking her concerns about it seriously, saying the abuse didn’t happen, shifting responsibility for abusive behavior, saying she caused it.

- **Power and Control**